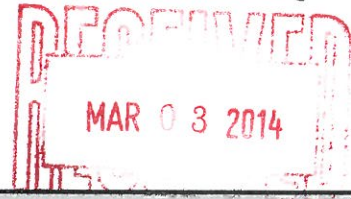




Statement of Organization CANDIDATE COMMITTEE



*Please read instructions before completing this form.

Type of Statement				
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.		<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.		
		Date Changes Took Effect	SBE-issued Committee ID	
Committee Information				
Committee Information	Friends of Randy Nelson			
	Name of Candidate Campaign Committee			
	P. O. Box 6431			
	Street Address/PO Box	Suite #		
	Lynchburg	Virginia	24505	
	City	State	Zip Code	
	Email Address	Daytime Phone #		
	nelsonforcitycouncil.com	--		
	Campaign Website			
Candidate Information				
Candidate Information	NELSON	JOHN	RANDOLPH	
	Salutation	Last Name	First Name	Middle Name
	1626 MORRISON DRIVE			
	Residence Address		Apt #	
	LYNCHBURG	VIRGINIA	24503	
	City	State	Zip Code	
	LYNCHBURG	90700 9975		
	County or City of Residence		Voter Identification #	
CITY OF LYNCHBURG		434-528-1078		
	Email Address	Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information				
Election Information	City Council - At-Large			
	Office Sought	District (if one)		
	Independent	2014	<input type="checkbox"/> November <input checked="" type="checkbox"/> May <input type="checkbox"/> Special	
	Political Party	Year of Election	Type of Election	



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
Treasurer Information		HILTON	PHILLIP	W.
	Salutation	Last Name	First Name	Middle Name
		1124 N. Fairway Drive		
	Residence Address		Apt #	
	Forest,		Virginia	
			24551	
	City	State	Zip Code	
	Bedford		203003821	
County or City of Residence		Voter Identification #		
philton@ddhepa.com		(434) 846-7611		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Branch Banking and Trust				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
925 Main Street				
Lynchburg, Virginia 24504				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		<u>2-28-2014</u>	
	Date first expenditure made:		<u>2-28-2014</u>	
	Date campaign depository designated:		<u>2-28-2014</u>	
	Date filing fee paid for party nomination:		<u>N/A</u>	
	Date Statement of Qualification filed:		<u>3-3-2014</u>	
	Date treasurer appointed:		<u>2-28-2014</u>	

(continued on next page)



Statement of Organization CANDIDATE COMMITTEE

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) _____</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Signature </div> <div style="text-align: center;"> <u>2-28-2014</u> Date </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Candidate's Signature </div> <div style="text-align: center;"> <u>2-28-2014</u> Date </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Treasurer's Signature </div> <div style="text-align: center;"> <u>2-28-14</u> Date </div> </div>